

**SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH**  
**STATE DIRECTOR JOHN H. MAGILL**

**AIKEN-BARNWELL MENTAL HEALTH CENTER**  
**INTERIM EXECUTIVE DIRECTOR RICHARD ACTON**

**Summer 2012**

DMH  
OPERATES A  
NETWORK OF  
SEVENTEEN  
COMMUNITY  
MENTAL HEALTH  
CENTERS,  
42 CLINICS,  
FOUR  
HOSPITALS,  
THREE  
VETERANS'  
NURSING  
HOMES, AND  
ONE  
COMMUNITY  
NURSING HOME.

### DMH HOSPITALS AND NURSING HOMES

#### Columbia, SC

G. Werber Bryan Psychiatric  
Hospital

William S. Hall Psychiatric  
Institute (Child & Adolescents)

Morris Village Alcohol & Drug  
Addiction Treatment Center

C.M. Tucker, Jr. Nursing Care  
Center - Stone Pavilion  
(Veterans Nursing Home)

C.M. Tucker, Jr. Nursing Care  
Center - Roddey Pavilion

#### Anderson, SC

Patrick B. Harris Psychiatric  
Hospital

Richard M. Campbell  
Veterans Nursing Home

#### Walterboro, SC

Veterans Victory House  
(Veterans Nursing Home)

## DMH HISTORY AND DEMOGRAPHICS

South Carolina has a long history of caring for those suffering from mental illness. In 1694, the Lords Proprietors of South Carolina established that the destitute mentally ill should be cared for by local governments. The concept of "Outdoor Relief," based upon Elizabethan Poor Laws, affirmed that the poor, sick and/or disabled should be taken in or boarded at public expense. In 1762, the Fellowship Society of Charleston established an infirmary for the mentally ill. But it was not until the 1800's that the mental health movement received legislative attention at the state level.

Championing the mentally ill, South Carolina Legislators Colonel Samuel Farrow and Major William Crafts worked zealously to sensitize their fellow lawmakers to the needs of the mentally ill, and on December 20, 1821, the South Carolina State Legislature passed a statute-at-large approving \$30,000 to build the South Carolina Lunatic Asylum and a school for the 'deaf and dumb'. This legislation made South Carolina the second state in the nation (after Virginia) to provide funds for the care and treatment of people with mental illnesses.

The Mills Building, designed by renowned architect Robert Mills, was completed and operational in 1828 as the South Carolina Lunatic Asylum. The facilities

grew through the decades to meet demand, until inpatient occupancy peaked in the 1960's at well over 6,000 patients on any given day. From 1828 through 2011, South Carolina state-run hospitals and nursing homes treated over 947,000 patients and provided over 148,500,000 bed days.

In the 1920's, treatment of the mentally ill began to include outpatient care as well as institutional care. The first outpatient center in South Carolina was established in Columbia in 1923.

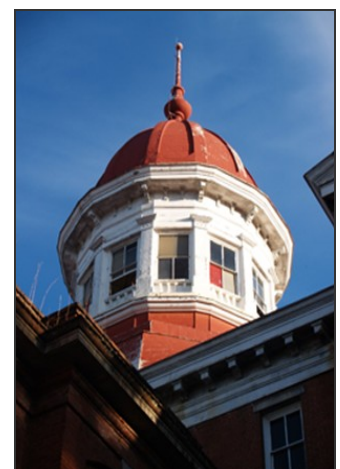
The 1950's saw the discovery of phenothiazines, "miracle drugs" that controlled many severe symptoms of mental illness, making it possible to "unlock" wards. These drugs enabled many patients to function in society and work towards recovery, reducing the need for prolonged hospitalization. Government support and spending increased in the 1960's. The South Carolina Community Mental Health Services Act (1961) and the Federal Community Health Centers Act (1963) provided more funds for local mental health care.

The South Carolina Department of Mental Health (DMH) was founded in 1964. In 1967, the first mental healthcare complex in the South, the Columbia Area Mental Health Center, was built. The centers and clinics have served over 2,800,000 patients, providing over

38,000,000 clinical contacts.

Today, DMH operates a network of 17 community mental health centers, 42 clinics, three veterans' nursing homes, and one community nursing home. DMH is one of the largest hospital and community-based systems of care in South Carolina. In FY11, DMH outpatient clinics provided 1,175,482 clinical contacts and DMH hospitals and nursing homes provided nearly 530,000 bed days. Last year, DMH treated nearly 100,000 citizens, including approximately 30,000 children and adolescents.

DMH  
MISSION:  
TO SUPPORT  
THE RECOVERY  
OF PEOPLE  
WITH  
MENTAL  
ILLNESSES.



Babcock Building Cupola



## AIKEN-BARNWELL MENTAL HEALTH CENTER

1135 Gregg Highway  
Aiken, SC 29801  
(803) 641-7700

### AIKEN-BARNWELL MENTAL HEALTH CENTER

Operating a main Center and two satellite clinics, Aiken Barnwell Mental Health Center (ABMHC) services include: crisis intervention, psychiatric and medical assessments, triage, referrals, individual, family, and group therapy, vocational and rehabilitative services, peer support, case management, and more.

In Fiscal Year 2011, ABMHC provided more than 50,000 services to approximately 4,700 Aiken-Barnwell residents.

Founded in 1965, ABMHC was one of the first community mental health centers in South Carolina. That proud tradition of excellence in clinical services is now enhanced by a focus on Recovery and the adoption of the Substance Abuse Mental

Health Services Administration (SAMHSA) theme of "Prevention Works, Treatment is Effective, and People Recover." Nowhere is that more evident than in ABMHC's development of Peer Support services and integration with primary healthcare, two of the newest initiatives of the Department.

Peer Support Specialists (PSS) help fill the gaps in the housing and support services, which are typical in rural communities. ABMHC has three dedicated PSS and provides a Peer Support Drop-In Center, a transitional program for previous day-treatment clients who still need a safe and therapeutic environment to maintain stability.

In 2011, ABMHC and Margaret J. Weston Community Health Centers (MJWCHC)

partnered to implement a model that integrates primary healthcare and behavioral healthcare services. Goals include improving access to care, including a "no wrong door policy," where patients are seen where they show up and provided services; improving clinical outcomes by reducing health disparities; improving collaboration and communication between primary care and behavioral health practitioners which promotes continuity of care and better treatment for clients; and maximizing the broad base of expertise and resources available within ABMHC and MJWCHC in an effort to reduce duplication of resources.

All DMH facilities are licensed or accredited; ABMHC is nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

AIKEN  
BARNWELL  
MENTAL  
HEALTH CENTER  
(ABMHC)  
SERVICES  
INCLUDE: CRISIS  
INTERVENTION,  
PSYCHIATRIC  
AND MEDICAL  
ASSESSMENTS,  
TRIAGE,  
REFERRALS,  
INDIVIDUAL,  
FAMILY, AND  
GROUP  
THERAPY,  
VOCATIONAL  
AND  
REHABILITATIVE  
SERVICES, PEER  
SUPPORT, CASE  
MANAGEMENT,  
AND MORE.

#### Numbers at a Glance for Fiscal Year 2011

	<i>Aiken-Barnwell Mental Health Center</i>	<i>DMH Statewide</i>
<i>Adult Outpatients Served</i>	2,935	59,427
<i>Child Outpatients Served</i>	1,747	30,058
<i>Total Outpatients Served</i>	4,682	89,485
<i>Population</i>	182,720	4,625,364
<i>Clinical Contacts Provided</i>	53,054	1,175,482
<i>School-Based Schools</i>	6	388
<i>Children Served by School-Based Programs</i>	262	12,064
<i>Supported Community Living Environments</i>	146	3,395





Rev. Robert Hartley, Board Chair

## REV. ROBERT HARTLEY, BOARD CHAIR AND POLLY GOLDSTON, BOARD MEMBER

As Rick Acton interim executive director at ABMHC, observed, “ABMHC is a community mental health center.” And the community is represented by the Board of Directors, people from the community who ensure that the community’s voice is heard in the operations and services provided by the Center.

Rev. Robert Hartley sees in his daily work the need for addressing the mental health needs of the people he serves. If they can get stabilized from a behavioral standpoint, he “can help deal with the emotional and spiritual” side of things.

Hartley sees the staff and

“can tell they care about the clients.” As he puts it, “We advocate for people in the counties that need services and do what we can to help them receive those services.” He sees the need for good mental health care and enjoys the opportunity to be a part of that effort.

Polly Goldston serves on the Board with Rev. Hartley and has been a member for 11 years. She brings a particular concern for the needs of children and adolescents to the Board. Working as a teacher and assistant principal, she helped bring school-based mental health services to North Augusta High School. As an advocate for

children, Goldston values her family and the role families play in recovery.

She often observes that “Aiken-Barnwell Mental Health Center takes up where the family leaves off.” As a teacher, she knows that knowledge makes a difference in understanding a family member with a mental illness.

For both Goldston and Hartley, their chosen careers show their commitment to others and being on the Board is one more way they serve the community.



Polly Goldston, Board Member

“WE ADVOCATE FOR PEOPLE IN THE COUNTIES THAT NEED SERVICES AND DO WHAT WE CAN TO HELP THEM RECEIVE THOSE SERVICES.”

REV. HARTLEY

## RICHARD ACTON, INTERIM EXECUTIVE DIRECTOR

For most people, an interim position is a caretaker role, a bridge between one administration and the next. But for Rick Acton, interim director at ABMHC, that bridge is much more. It is a very busy vital connection between two community mental health centers. The link between the Lexington Mental Health Center (LMHC), where he is executive director, and

ABMHC, where he has been the interim director since 2008, has strengthened both centers in ways that wouldn’t have happened otherwise.

To that mix, ABMHC brings a unique array of services and community characteristics. Acton sees his role as taking the best of each and tailoring them to the needs of the community. For example, he has brought Multi-Systemic

Therapy to the ABMHC while using the LMHC to provide the specialized clinical supervision required by the program. This innovation is typical of Acton’s desire to deliver quality services in the most efficient manner possible. In the same vein, LMHC provides the monitoring and approval for out-of-home placements when needed for children from

(Continued on page 5)



## RICHARD ACTON, INTERIM EXECUTIVE DIRECTOR

(Continued from page 4)

the ABMHC catchment area.

That same desire to provide quality services in an efficient manner has led Acton to pursue the Transformation Initiative with the Margaret Weston Health Center, which integrates primary health care and mental health and substance abuse treatment.

Similarly, he is using the resources of ABMHC in Peer Support Services to start providing those services to clients from Edge-

field County. Instead of arbitrary geographic boundaries, he wants to strategically locate the services where they are most needed.

As recent economic pressures have started to relent, Acton is looking forward to returning ABMHC to its role as the center of mental health services for the community instead of being put in a role of treating only those with the most serious and persistent mental illness. This will mean filling existing clini-

cal vacancies and ensuring the training needs of staff are met so they can deliver the services they're expected to provide to those with a greater array of mental health problems.

Acton's emphasis is on "people's strengths; the clinicians and the managers," the ones who make the difference in clients' lives. Acton is making a difference, and isn't letting the title of 'interim' slow him down.



Richard Acton,  
Interim Executive Director

## PATRICIA NAOMI WATKINS, MD CERTIFIED SENIOR PSYCHIATRIST

Public mental health is not for everyone. For psychiatrists, it often means treating individuals with the most severe illnesses who have the least resources. For Dr. Patricia Watkins, Senior Psychiatrist, that's exactly who she wants to serve.

Since graduating from the Medical College of Georgia in 1979 and completing her residency in Psychiatry at the Medical College of Georgia, she has worked in a variety of settings, notably the Joseph Still Burn Center in Augusta, GA. Since 2002, she has been with the Department of

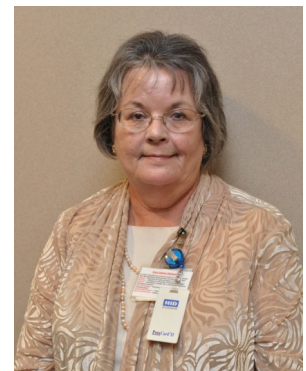
Mental Health and at ABMHC since 2009.

Watkins sees herself as being there "not to hold the hand of the worried well, but being trained to help those with serious and persistent mental illness in their recovery." When she was in private practice, the clients who truly needed her services couldn't afford to see her, but at ABMHC "I see people who need help, regardless of their ability to pay, and that's the good part."

She has seen the miracle of the new medicines that provide treatment where none were available 30

years ago. But she also wishes she had more time to spend talking to clients. "There are a lot of folks in need, and few psychiatrists."

She and State Director John H. Magill agree on the need to involve more resident doctors in community mental health by exposing them through rotations at mental health centers. While public mental health work may not be for everyone, it is a good fit for Watkins and she wants other psychiatrists to explore if it fits them as well.



Patricia Naomi Watkins, MD  
Certified Senior Psychiatrist

## TAMARA SMITH, COMMUNITY REHABILITATIVE SERVICES PROGRAM MANAGER



Tamara Smith, Community Rehabilitative Services Program Manager

“PEOPLE WITH MENTAL ILLNESS ARE A VULNERABLE POPULATION. IT’S IMPORTANT THAT THOSE WHO CAN SPEAK UP FOR THEM.”

SMITH

Psychosocial Rehabilitation is the backbone of adult services at a ABMHC. And at ABMHC, Tamara Smith is the backbone of Psychosocial Rehabilitation. She has been at ABMHC since 1992 and has been involved in all aspects of the program, including the clinic and community-based rehabilitative psychosocial therapy programs, peer support services, housing, and case-management services.

Smith has also been active in the research side of clinical practice as the coordinator of the Mental Health Treatment Study at ABMHC. ABMHC was one of 22 sites nationwide to participate in this study in conjunction with Westat

out of Rockville, MD. As if she needed more to keep her busy, Smith is also the Liaison and project director for the Integration Project and chair of the Public Relations Committee.

In 2007, ABMHC opened the Helping Encourage Recovery Options (HERO) Center as part of the Peer Support Program. The HERO Center offers learning materials about mental illnesses, information about available community resources, and assistance with the shared decision making model of treatment. When a client comes to the HERO Center, he or she is welcomed by a Peer Support specialist who will talk with the client about stages of treatment, formulate questions the client can ask the mental health provider, and

explain what to expect from the process.

Smith’s guiding value is that people with disabilities have the same rights as all people. She knows that the people who walk through the Center’s doors “want to have families, friendships, jobs, housing, and they are entitled to that.”

Smith encourages clients and their families to seek additional support and education from area advocacy groups, especially the National Alliance on Mental Illness (NAMI) and SC—SHARE. “People with mental illness are a vulnerable population. It’s important that those who can speak up for them,” she said.

## TERRENCE CHARLES, HUMAN SERVICES COORDINATOR



Terrence Charles, Human Services Coordinator

Trinidad and Tobago is a long drive from Aiken, just over 2,000 miles to the islands off the coast of South America. Yet, the physical distance is only part of the travels that Terrence Charles has made in his journey to become a human services coordinator at ABMHC.

Moving to the United States as a teenager, Charles skipped high school

on his way to getting a scholarship to USC-Aiken. Starting at ABMHC in 2004 as a clinical counselor, he transferred to Employment Services and then returned to school to get his master’s degree.

In his current position as a therapist, Charles uses a holistic approach to make a difference in people’s lives. He sees the value of both medication and counseling

in helping clients make better decisions and choices for themselves. In his words, “Anything is possible in life if you have a plan, time frame, and understanding of the current situation.” Charles takes his own advice and plans to return to school to get his doctorate in Psychology with the goal of becoming a school psychologist.

## RACHEL RYAN, CEO OF AURORA PAVILION

For a community mental health center, partnerships in the community are invaluable, and some of the most critical are the relationships with inpatient facilities. At Aiken Barnwell MHC, Aurora Pavilion is the closest facility and the one with the closest relationship. In no small part, that is through the work of Rachel Ryan, CEO of Aurora Pavilion, located on the campus of Aiken Regional Medical Centers.

Aurora offers inpatient and partial hospitalization. Serving up to 60 indi-

viduals, Aurora houses a child and adolescent unit, a senior adult unit, and two adult units. The partnership includes ABMHC attending treatment team meetings twice a week and a contract between ABMHC and Aurora for the treatment of indigent clients that gives Aurora the resources to take care of clients “in our own backyard.” Clients are also brought from Aurora to ABMHC for the designated exams needed for involuntary commitment.

A big advocate of preven-

tion, Ryan sees the need to identify resources across the board to support patients and prevent relapse or even initial hospitalizations.

“If we are doing what’s right for patients then I can sleep at night” is the bottom line. While all the options she would ideally want are not available in the community, she works to balance staff, money, and patients. For Aurora and ABMHC, their partnership is one way to make that balance work.



Rachel Ryan,  
CEO of Aurora Pavilion

## CAROLYN EMANUEL-McCLAIN, CEO OF RURAL HEALTH SERVICES

A quick look at headlines in healthcare would show that the cutting edge is the integration of primary care and behavioral health care. ABMHC is in the forefront of that movement in South Carolina. As the name implies, integrated healthcare requires a partner, and Emanuel-McClain, CEO at Rural Health Services represents the other half of the partnership.

The Margaret J. Weston Health Center (operated by Rural Health Services) is located in Clearwater, SC, and has expanded to serve the cities of Aiken and Jackson. A Federally Qualified Health Center, its ex-

panding to serve the entire county including a new location in South Aiken, and plans to build a new facility in the city of Aiken.

Emanuel-McClain is a member of the Lumbee Tribe of North Carolina with a long history of work in primary healthcare across the two-state area. She feels “every individual has a right to quality healthcare, including behavioral health care.” To that end, she, along with Rick Acton, is developing a model of integration between the two organizations. While this initially involved having a staff member from ABMHC at

the Health Center, there are plans to expand the links. This could include housing a primary care physician at ABMHC to provide primary care to the clients that utilize the day program and a telepsychiatry connection between ABMHC and MJWHC to deal with the crises that inevitably occur at the end of the day. If the success of the partnership to date is any gauge, the two agencies will come up with a solution that reflects both their long history and the newest technology.



Carolyn Emanuel-McClain,  
CEO of Rural Health Services

“EVERY  
INDIVIDUAL HAS  
A RIGHT TO  
QUALITY  
HEALTHCARE,  
INCLUDING  
BEHAVIORAL  
HEALTH CARE.”

EMANUEL-McCLAIN



TO SUPPORT THE RECOVERY OF  
PEOPLE WITH MENTAL ILLNESSES.

## **SC DEPARTMENT OF MENTAL HEALTH**

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[WWW.SCDMH.ORG](http://WWW.SCDMH.ORG)

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**AIKEN-BARNWELL  
MENTAL HEALTH CENTER**  
1135 GREGG HIGHWAY  
AIKEN, SC 29801  
(803) 641-7700

### **SATELLITE CLINICS:**

**HARTZOG CENTER**  
431 WEST MARTINTOWN ROAD  
NORTH AUGUSTA, SC 29841  
(803) 278-0880

**POLLY BEST CENTER**  
916 REYNOLDS ROAD  
BARNWELL, SC 29812  
(803) 259-7170

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## **RECOVERY SPOTLIGHT – BY JILL**

First diagnosed in 2004 with Bipolar Disorder Type II and Borderline Personality Disorder, I sought treatment at Lexington County Community Mental Health Center (LCCMHC), because I had already lost my children due to long periods of sadness and hopelessness. I had major issues with anger and constantly got involved in conflicts. I knew I had to get help. After being diagnosed I really did not apply myself or become pro-active in my treatment. I remained symptomatic, had multiple hospitalizations and five suicide attempts. I had no insight into ways to prevent the negative feelings and thoughts that caused these behaviors. I have had many unhealthy, abusive, controlling, and degrading relationships. I let myself be financially taken advantage of just because I wanted to be loved

and have someone in my life. I was not able to understand that I was worthy and deserved better. My self-esteem was so low and, although I received great treatment at LCCMHC, I was not yet ready to change and become active in my treatment.

In 2009, I transferred to Aiken Barnwell Mental Health Center. My therapist recommended the Millbrook Psychosocial Rehabilitative Therapy Program (PRS), where I could learn to manage my symptoms and work on healthy relationships. I made changes in my personal life. I ended an unhealthy abusive relationship and moved in with my grandparents. This was a fresh start for me. I started attending the Peer Support Services (PSS) program. I realized I was truly sick and tired of being sick and tired. I

learned ways to stop gossiping and tattling. I learned new ways to receive positive feedback and attention. I engaged in different groups, including the Wellness group, Sister's United, and Art. All of the groups helped me gain skills to become more involved and take control of my own treatment. In addition, I was connected with others that had similar problems. I never knew I had a voice when it came to my treatment. It was very empowering to know that I had choices and options. In the beginning I attended PSS five days a week. I feel better and stronger and now I only attend three days per week.

In PSS, I learned coping skills to stop unwanted behavior. Now, I feel confident, my self-esteem is higher, and I verbalize my thoughts and

needs to my treatment team. I utilize my Wellness Recovery Action Plan (WRAP) and my Daily Maintenance Plan (DMP). WRAP helped me to identify my triggers and early warning signs. I learned how to combat negative thoughts and messages and how to develop healthy relationships. I am proactive in my treatment, keep all my appointments, and take my medication. I guide my own recovery. I have found that being offered a leadership role at the PSS Drop-In-Center has helped me build a strong sense of self. I feel "I am worthy, I am important, and I deserve the best." My next milestone in my recovery is to attend the 2012 PSS Mentoring class and become a volunteer so that I can help others succeed in their treatment by offering them support and sharing my story.